



Print Form

Wire/Funds Transfer Record

Outgoing Wires

Date:

Originator (Member) Name: Account No:

Address: City: State: Zip:

Telephone No: Amount of Transfer:

Wire Instructions

Receiving Financial Institution(s):

Primary Financial Institution: Address:

ABA or Routing No:

Secondary Financial Institution: Account No:

Final Credit:

Beneficiary Name: Account No:

Address: City: State: Zip:

If address is outside of the U.S., please indicate country here:

OFAC Verification: No Match Possible Match - Pass to Manager

Wire Instruction Received By (Check One):

- Phone
- Fax
- In Person
- Other (Specify)

Payment Method:

- Savings
- Checking

Wire Transfer Fee:

- Domestic - \$25.00
- Foreign - \$35.00

Originator (Member) Signature: _____

WCFCU Employee Signature: _____